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CONFIRMATION NO. 8619

<b>SERIAL NUMBER</b> 10/810,388	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 5853-400
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## APPLICANTS

OK  
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## \*\* CONTINUING DATA \*\*\*\*\*

OK  
This appln claims benefit of 60/459,286 03/31/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>Stephen G. G...</u> Initials: <u>...</u>				

## ADDRESS

30448

## TITLE

Assessing neuronal damage from blood samples

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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